

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90075 024 ****61.25

DOCUMENT # N96000006539

1. Entity Name

VICTIMS OF INEQUITABLE COMPENSATION ENACTMENTS S

Principal Place of Business Mailing Address
 17189 JOHNSTON DR. 16450 S. TAMiami TR.
 FT. MYERS FL 33912 SUITE 3 PMB #105
 FT. MYERS FL 33908-5307
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0740717 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANDERSON, KEVIN T
17189 JOHNSTON DRIVE
FT. MYERS FL 33912

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	D HENSLEY, SIM	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	32601 OIL WELL ROAD PUNTA GORDA FL 33955	
TITLE NAME	T KUZMA, GREGORY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1002 FLEETWOOD DRIVE PORT CHARLOTTE FL 33948	
TITLE NAME	V/D HAIRE, BEVERLY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	12207 MARAVILLA DRIVE PUNTA GORDA FL 33955	
TITLE NAME	P/D ANDERSON, KEVIN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	17189 JOHNSTON DR. FT. MYERS FL 33912	
TITLE NAME	D MARSHALL, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2922 YORK RD ST JAMES CITY FL	
TITLE NAME	D RICE, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3807 PAPAYA STREET ST JAMES CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF KEVIN T ANDERSON Date: 5-21-2000 Daytime Phone #: (941) 267-4782

CR2E037 (9/99)